## October 2004

From: Director, Northeast Program Evaluation Center (NEPEC)/689/182

RE: PRRTP Annual Report

To: Medical Center Directors

1. VHA Directive 2001-010 (issued March 1, 2001) provides policy, procedures and reporting requirements for the Psychosocial Residential Rehabilitation Treatment Program (PRRTP) bed level of care. In accordance, PRRTP program sites are required to submit to the Northeast Program Evaluation Center (NEPEC) an Annual Survey (by letter or FAX) for the most recent fiscal year ending on September 30.

We have again enclosed a 4-page questionnaire, identical to the questionnaire used last year, which elicits the information outlined in the directive. A copy of this questionnaire has also been sent to each PRRTP program coordinator for completion. Please have your PRRTP coordinator(s) send completed questionnaires no later than November 16, 2004 by mail or FAX to the attention of:

Sharon Medak NEPEC (182) VA Connecticut Healthcare System 950 Campbell Ave West Haven, CT 06516 FAX 203-937-3433

For medical care facilities with more than one PRRTP, a separate questionnaire needs to be completed for each PRRTP that was operational during FY 2004.

2. If you have any questions about the Annual Survey please contact Sharon Medak at 203-932-5711 x4313. Thank you for your attention in this matter.

## October 2004

From: Director, Northeast Program Evaluation Center (NEPEC)/689/182

RE: PRRTP Annual Survey

To: PRRTP Coordinators

1. VHA Directive 2001-010 (issued March 1, 2001) provides policy, procedures and reporting requirements for the Psychosocial Residential Rehabilitation Treatment Program (PRRTP) bed level of care. In accordance, PRRTP program sites are required to submit to the Northeast Program Evaluation Center (NEPEC) an Annual Survey (by letter or FAX) for the most recent fiscal year ending on September 30. NEPEC has been assigned to monitor the ongoing operation of this bed level of care.

We have again enclosed a 4-page questionnaire, identical to the questionnaire you completed last year, which elicits the information outlined in the directive. We have also sent a copy of this questionnaire to your Medical Center Director under separate cover. Please submit your completed questionnaire no later than November 16, 2004 by mail or FAX to:

Sharon Medak NEPEC (182) VA Connecticut Healthcare System 950 Campbell Ave West Haven, CT 0651 FAX 203-937-3433

If your facility has more than one PRRTP, a separate questionnaire needs to be completed for each PRRTP that was operational during FY 2004.

2. If you have any questions about the Annual Survey please contact Sharon Medak on Outlook or at 203-932-5711 x4313. We look forward to hearing from you and sending you the FY 2004 results.